

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004690

FILED
Apr 27, 2007
Secretary of State

Entity Name: SHERWOOD II, INC.

Current Principal Place of Business:

ROBIN HOOD CIR.
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

745 12TH AVENUE SOUTH
SUITE AA
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 65-0695128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE PROPERTY MANAGEMENT
745 12TH AVE S
STE AA
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: ERLICHMAN, GIL
Address: 2010 ROBIN HOOD CIRCLE #102
City-St-Zip: NAPLES, FL 34104

Title: VSD () Delete
Name: MISSNER, ED
Address: 290 ROBIN HOOD CIRCLE #207
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: CAPUTO, JOE
Address: 250 ROBIN HOOD CIR. #102
City-St-Zip: NAPLES, FL 34104

Title: PD () Delete
Name: WIGGS, MARK
Address: 240 ROBIN HOOD CIRCLE, #202
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: WALSTROM, LUANNE
Address: 260 ROBIN HOOD CIRCLE 202
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change () Addition
Name: MEISSNER, ED
Address: 290 ROBIN HOOD CIRCLE #207
City-St-Zip: NAPLES, FL 34104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WALSTROM, LUANNE
Address: 260 ROBIN HOOD CIRCLE 202
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK WIGGS

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date